

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>HOMESERVICES RETIREMENT SAVINGS PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>010</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOMESERVICES OF AMERICA, INC</u></p> <p><u>7500 FLYING CLOUD DR, STE 300</u> <u>EDEN PRAIRIE, MN 55344-3740</u></p>	<p><b>1c</b> Effective date of plan <u>05/28/1998</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>41-1945806</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>888-818-4762</u></p> <p><b>2d</b> Business code (see instructions) <u>531210</u></p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	JAYNIE ATANASOFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	8209
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	5900
	<b>6a(2)</b>	5458
	<b>6b</b>	243
	<b>6c</b>	1835
	<b>6d</b>	7536
	<b>6e</b>	42
	<b>6f</b>	7578
	<b>6g(1)</b>	7770
<b>6g(2)</b>	7237	
<b>6h</b>	249	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2R 2S 2T 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>HOMESERVICES RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOMESERVICES OF AMERICA, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>41-1945806</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	172378	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29138	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

JACKSON LEWIS P.C.

46-3862389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49 29 50	NONE	10167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AON HEWITT INVESTMENT

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	9042	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name: MOSS ADAMS, LLP	<b>b</b> EIN: 91-0189318
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 805 SW BROADWAY PORTLAND, OR 97205	<b>e</b> Telephone: 503-242-1447

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>HOMESERVICES RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOMESERVICES OF AMERICA, INC</u>	<b>D</b> Employer Identification Number (EIN) <u>41-1945806</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIDAMERICAN ENERGY CO. MASTER TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MIDAMERICAN ENERGY COMPANY</u>		
<b>c</b> EIN-PN <u>42-1425214-003</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63609680</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTRNL EQUITY TR CL 1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SCHRODER INVESTMENT MANAGEMENT NORTH AMERICA INC.</u>		
<b>c</b> EIN-PN <u>13-6877903-999</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18154402</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE EXT EQUITY MARKET IND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-110</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41083001</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET US BOND INDEX NL SERIE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-462</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23450246</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET S&amp;P 500 INDEX CL K</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-388</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>124189818</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET LARGE VALUE INDEX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-226</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11750537</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL INDEX NL SF CL C</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-166</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36040579</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET SMALL CAP INDEX NL SF](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">90-0337987-180</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">24970650</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET LARGE GROWTH INDEX NL](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">90-0337987-228</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">24191767</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET TARGET RETIREMENT 2065](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">32-6528132-043</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">1595047</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET TARGET RETIREMENT 2020](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">90-0337987-464</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">10817257</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET TARGET RETIREMENT 2025](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">90-0337987-465</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">27126326</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET TARGET RETIREMENT 2030](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">90-0337987-466</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">50005706</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET TARGET RETIREMENT 2035](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">90-0337987-467</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">31792283</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET TARGET RETIREMENT 2040](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">90-0337987-468</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">32671181</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET TARGET RETIREMENT 2045](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">90-0337987-469</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">26253183</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET TARGET RETIREMENT 2050](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">90-0337987-470</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">19316215</a>
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2055		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-471	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11893545
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2060		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-472	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7599427
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT INCM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-473	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10831054
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB LARGE CAP GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N. A.		
<b>c</b> EIN-PN 45-4173185-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76725131
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE CORE FUND		
<b>b</b> Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA		
<b>c</b> EIN-PN 47-6264282-012	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11537641
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INTRMDATE GOVT CR FD		
<b>b</b> Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
<b>c</b> EIN-PN 84-6391546-965	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11770724
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM CORE CONSERVATIVE INT. BOND FU		
<b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY		
<b>c</b> EIN-PN 23-6994310-156	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12353433
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2024		
<b>b</b> Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA		
<b>c</b> EIN-PN 84-3842960-001	<b>d</b> Entity code E	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 466167
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2025		
<b>b</b> Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA		
<b>c</b> EIN-PN 85-3895732-001	<b>d</b> Entity code E	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4953028
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2026		
<b>b</b> Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA		
<b>c</b> EIN-PN 87-3738069-001	<b>d</b> Entity code E	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5360924

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TERM FUND 2027**

**b** Name of sponsor of entity listed in (a): **THE GOLDMAN SACHS TRUST COMPANY NA**

<b>c</b> EIN-PN <b>88-4279844-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>5302653</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE AGGREGATE BD INDEX NL**

**b** Name of sponsor of entity listed in (a): **NORTHERN TRUST INVESTMENTS, INC.**

<b>c</b> EIN-PN <b>45-6138589-088</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>13896105</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **PRUDENTIAL CORE CONSERVATIVE BOND F**

**b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST COMPANY**

<b>c</b> EIN-PN <b>23-6994310-156</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>0</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE S&P 500 INDEX FUND NL**

**b** Name of sponsor of entity listed in (a): **NORTHERN TRUST INVESTMENTS, INC.**

<b>c</b> EIN-PN <b>45-6138589-002</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>19356121</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TERM FUND 2028**

**b** Name of sponsor of entity listed in (a): **THE GOLDMAN SACHS TRUST COMPANY NA**

<b>c</b> EIN-PN <b>93-4136622-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>5302653</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>HOMESERVICES RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOMESERVICES OF AMERICA, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>41-1945806</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	16686	2864
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		7528
<b>(3)</b> Other .....	<b>1b(3)</b>		19797
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	12147619	12784019
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	622279830	679371379
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	120166599	63609680
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	22292692	21385425
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	-56893456	4058291
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	9235243	9643422

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	729245213	790882405
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	729245213	790882405

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	16232503	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	42146951	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	2793423	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		61172877
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	968903	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		968903
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		91697231
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		5156499
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		965144
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2693488
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		162654142

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	98383816	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		98383816
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	172378	
(4) IQPA audit fees .....	<b>2i(4)</b>	29138	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	10167	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	9042	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		220725
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		98604541

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		64049601
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		2412409

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2781
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
MIDAMERICAN ENERGY COMPANY MASTER TRUST	42-1425214	003

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>HOMESERVICES RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HOMESERVICES OF AMERICA, INC</u>	<b>D</b> Employer Identification Number (EIN) <u>41-1945806</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 13-5674085

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

Report of Independent Auditors and  
Financial Statements with  
Supplementary Information

**HomeServices Retirement Savings Plan**

December 31, 2024 and 2023

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## **Report of Independent Auditors**

Employee Benefits Plan Administrative Committee of  
HomeServices Retirement Savings Plan

### **Report on the Audit of the Financial Statements**

#### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed audits of the financial statements of HomeServices Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of HomeServices Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of HomeServices Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Emphasis-of-Matter—Adjustment to Prior-Period Financial Statements***

As discussed in Note 11 to the financial statements, the 2023 financial statements have been restated to correct an error related to the reporting of the Plan's interest in a master trust. The restatement reflects the inclusion of the Plan's divided interest in the MEC MRT and the associated income, which was previously omitted. The correction does not affect the Plan's total net assets available for benefits or the total change in net assets for the year ended December 31, 2023. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about HomeServices Retirement Savings Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of HomeServices Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about HomeServices Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matter***

*Supplemental Schedules Required by ERISA*

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, line 4(a) – Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Baker Tilly US, LLP*

Portland, Oregon  
October 15, 2025

## **Financial Statements**

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**HomeServices Retirement Savings Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

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	2024	2023 (as restated)
<b>ASSETS</b>		
Investments		
Collective funds	\$ 668,728,266	\$ 554,973,764
Plan interest in MidAmerican Energy Company Master Retirement Trust, at fair value	63,609,680	120,166,600
Registered investment companies	36,086,829	32,705,301
Self-directed brokerage funds	9,643,422	9,235,243
Total investments	778,068,197	717,080,908
Receivables		
Notes receivable from participants	12,784,019	12,147,619
Participant receivable	7,528	-
Employer receivable	2,864	-
Other receivables	19,797	16,686
Total receivables	12,814,208	12,164,305
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 790,882,405</b>	<b>\$ 729,245,213</b>

---

See accompanying notes.

**HomeServices Retirement Savings Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

	2024	2023 (as restated)
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Investment income		
Net appreciation in fair value of assets	\$ 89,236,834	\$ 84,229,366
Interest	1,582,991	1,382,598
Dividends	4,536,038	3,094,023
Total investment income	95,355,863	88,705,987
Plan interest in MidAmerican Energy Company Master Retirement Trust investment income	5,156,499	26,875,144
Interest income on notes receivable from participants	968,903	730,049
Contributions		
Participant	42,146,951	45,228,020
Employer	16,232,503	17,410,202
Rollovers	2,793,423	4,444,711
Total contributions	61,172,877	67,082,933
Total additions	162,654,142	183,394,113
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid to participants	98,383,816	79,190,239
Administrative expenses	220,725	285,505
Other expense	-	197,020
Total deductions	98,604,541	79,672,764
<b>CHANGE IN NET ASSETS</b>	64,049,601	103,721,349
<b>NET TRANSFERS TO RELATED PLANS</b>	(2,412,409)	(292,682)
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of Year	729,245,213	625,816,546
End of year	\$ 790,882,405	\$ 729,245,213

See accompanying notes.

## HomeServices Retirement Savings Plan Notes to Financial Statements

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### Note 1 – Description of Plan

The following description of HomeServices Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

**General** – The Plan is a defined-contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. HomeServices of America, Inc. (the Company or the Plan Sponsor) is the Plan's sponsor.

**Plan administration** – The Plan Sponsor has appointed the Employee Benefits Plans Administrative Committee (the Administrative Committee) to serve as the Plan Administrator and a named fiduciary under ERISA. The Plan Sponsor has delegated to the Administrative Committee the responsibility for implementing the provisions of the Plan.

The Plan Sponsor has contracted with Merrill Lynch, Pierce, Fenner & Smith Inc., Princeton, NJ, to serve as recordkeeper, and Bank of America, N.A. (Bank of America), was selected to serve as trustee for the Plan.

**Eligibility** – Full-time and part-time employees (employees who are scheduled to work 20 hours or more per week) of the Company are eligible on the first day of employment. Employees scheduled to work less than 20 hours per week are required to complete 1,000 hours of service to be eligible. Temporary and seasonal employees scheduled to work less than 20 hours per week are not eligible to participate unless they work at least 1,000 hours during an employment year.

### Contributions

*Participant Contributions* – Each year, participants can elect a deduction from compensation (W-2 wages minus sign-on bonuses, long-term incentive pay, moving expenses, severance payments and cash and noncash fringe benefits) of 1% to 75% to be contributed to the Plan, subject to certain Internal Revenue Code (IRC) limitations. Participants may apportion contributions as being pre-tax traditional 401(k), after-tax Roth 401(k), and after-tax traditional 401(k). New full-time employees are automatically enrolled in the Plan at a rate of 6%. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

*Employer Fixed-Matching Contributions* – The Company's fixed-matching contribution equals 50% of each participant's eligible contributions that do not exceed 8% of compensation. The total fixed-matching contribution was \$16,232,503 and \$17,410,202 for the year December 31, 2024 and 2023, respectively.

*Employer Nonelective Contributions* – The Company may make a nonelective contribution, at its sole discretion, to eligible participants. There were no nonelective contributions in 2024 and 2023.

## HomeServices Retirement Savings Plan

### Notes to Financial Statements

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**Participant accounts** – Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, an allocation of the employer's contributions, and Plan earnings, and is charged with withdrawals, Plan earnings and losses, and an allocation of administrative expenses. Allocations are based upon participant wages and/or account balances, as defined by the Plan Document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Allocations/transfers** – Each participant has the option to choose any combination of the investment alternatives in multiples of 1%. Plan participants may transfer from one investment fund to another. Transfers are effective at the end of the business day or the end of the next business day if markets are closed. Purchases and sales in the Self-Directed Brokerage Funds are effective immediately.

**Vesting** – Participants are immediately vested in their contributions, plus actual earnings thereon. Participants are 50% vested after completing one year of service and 100% vested after completing two years of service in fixed matching contributions. Vesting service begins on the date of hire. The portion of the Company's matching and discretionary contributions that is not vested is forfeited by terminating participants and used to reduce future Company contributions. For nonelective contributions, participants are 100% vested after completing three years of service.

**Notes receivable from participants** – Participants may borrow from their fund accounts up to 50% of their vested account balance, not to exceed \$50,000. The loans are secured by the value of the vested balance in the participant's account. Principal and interest are paid ratably through payroll deductions. The repayment period may not exceed five years, except for loans used to acquire the participant's principal residence, in which case such period may not exceed ten years. The repayment period for certain loans that rolled into the Plan from other plans as the result of acquisitions may exceed ten years.

At December 31, 2024 and 2023, loans outstanding mature through March 2047 and bear interest rates ranging from 4.00% to 9.50%.

**Benefit payments** – Except for certain withdrawal rights under the Plan, distributions of Plan benefits are made commencing no earlier than the participant's retirement, disability, death, or termination of employment.

The payment of benefits may begin as soon as administratively practicable following the participant's separation from service due to retirement, disability, death, or termination, unless a later date of distribution is requested by the participant, the participant's beneficiary, or regulation. However, payment of benefits for minimum required distribution is required to begin no later than April 1 of the calendar year following the calendar year in which the participant reaches age 72.

The amounts of any payments are determined by the value of the participant's account at the valuation date prior to payment. If the participant has an outstanding loan at the valuation date, the loan balance is netted against the participant's account balance before a distribution is made.

## HomeServices Retirement Savings Plan

### Notes to Financial Statements

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**Entitlement to benefits upon termination of employment** – Terminated employees are entitled to receive the entire value in each account subject to vesting restrictions on the Company’s matching and discretionary contributions. Distributions are made in accordance with the participant’s election, and may be in the form of rollovers or lump sum payments. Terminated employees with account balances of \$1,000 or less will receive full distribution of a lump sum after separation from the Company. If the balance of the terminated participant’s account is between \$1,000 and \$5,000, the Company may authorize the benefit payment be rolled into an individual retirement account in the participant’s name.

**Withdrawals** – Withdrawals may be made from a participant’s account if he or she has either attained age 59½, demonstrates financial hardship, or incurs a disability. Financial hardship will be deemed to exist only when the withdrawal is necessary because of an immediate and heavy financial need of a participant and other resources are not reasonably available. A distribution based upon financial hardship cannot exceed the amount required to satisfy the hardship, including any amounts necessary to pay any federal, state, or local income taxes or penalties. A participant may request a distribution of up to \$5,000 in connection with the birth of their child or adoption of an “eligible adoptee.”

**Forfeited accounts** – At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$435,807 and \$714,305, respectively. These accounts will be used to reduce future Company contributions. During the years ended December 31, 2024 and 2023, employer contributions were reduced by \$771,782 and \$260,155, respectively, from forfeited nonvested accounts.

#### **Note 2 – Summary of Significant Accounting Policies**

**Basis of accounting** – The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

**Investment valuation** – A portion of the investments are held in the MidAmerican Energy Company Master Retirement Trust (“MEC MRT”). All the investments are reported at fair value. Bank of America, the trustee of the Plan, has certified the fair value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

**Income recognition** – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation or depreciation in fair value of investments consists of both the realized gains and losses.

## HomeServices Retirement Savings Plan

### Notes to Financial Statements

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**Notes receivable from participants** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan Document.

**Contributions** – Contributions from participants are recorded in the year in which the employee contributions are withheld from compensation.

**Benefit payments** – Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw but have not yet been paid at December 31, 2024 and 2023.

**Excess contributions payable** – The Plan is required to return contributions received during the Plan year in excess of the IRC limits.

**Administrative expenses** – Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Administrative expenses paid by the Plan may include notes receivable and distribution fees charged to participants' accounts, as well as administrative Plan fees. Investment related expenses are included in net appreciation/depreciation in fair value of investments.

**Subsequent events** – Subsequent events were evaluated through October 15, 2025, the date the financial statements were available to be issued.

### **Note 3 – Certified Investment Information**

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America N.A., a qualified institution:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation/depreciation in fair value of investments, dividends, and interest, investment income from interest in master trust and interest income on notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments reflected on the schedule of assets (held at end of year).

## HomeServices Retirement Savings Plan

### Notes to Financial Statements

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#### Note 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

**Level 1** – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2** – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

**Collective trust funds** – Valued at the net asset value (NAV) of units of a bank collective trust. The NAV as provided by the trustee is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the investment, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

## HomeServices Retirement Savings Plan

### Notes to Financial Statements

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**Registered investment companies (mutual funds)** – Certain mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**Self-directed brokerage funds** – Self-directed brokerage funds contain investments in cash equivalents, U.S. Treasury securities, U.S. corporate and agency fixed income securities, common and preferred stocks, and mutual funds, and are valued as follows:

*Cash equivalents* – Held primarily in short-term money market commingled funds, which are valued at cost plus accrued interest.

*U.S. Treasury securities* – Valued at the closing price reported on the active market on which the individual securities are traded.

*U.S corporate and agency fixed income securities* – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments and includes adjustments for certain risks, such as credit and liquidity risks or a broker quote, if available.

*Common and preferred stocks* – Valued at the closing price reported on the active market on which the individual securities are traded or using pricing models maximizing the use of observable inputs for similar securities.

*Registered investment companies (mutual funds)* – Certain mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table disclose the fair value of the Plan's assets by level as of December 31, 2024:

	Fair Value Measurement at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 36,086,829	\$ -	\$ -	\$ 36,086,829
Self-directed brokerage funds	9,252,829	390,593	-	9,643,422
Total assets in the fair value hierarchy	<u>\$ 45,339,658</u>	<u>\$ 390,593</u>	<u>\$ -</u>	45,730,251
Investments measured at NAV practical expedient				<u>668,728,266</u>
Investments at fair value				<u>\$ 714,458,517</u>

## HomeServices Retirement Savings Plan

### Notes to Financial Statements

The following table discloses the fair value of the Plan's assets by level as of December 31, 2023:

	Fair Value Measurement at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 32,705,301	\$ -	\$ -	\$ 32,705,301
Self-directed brokerage funds	8,898,653	336,590	-	9,235,243
Total assets in the fair value hierarchy	<u>\$ 41,603,954</u>	<u>\$ 336,590</u>	<u>\$ -</u>	41,940,544
Investments measured at NAV practical expedient				<u>554,973,764</u>
Investments at fair value				<u>\$ 596,914,308</u>

**Net asset value (NAV) per share** – The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of December 31:

Investment Type	Fair Value		Redemption Frequency	Redemption Notice Period
	2024	2023		
Common/Collective Trust Funds				
Domestic Stock Funds (a)	\$ 532,812,126	\$ 413,247,815	Daily	Same Day
International Stock Funds (b)	54,194,982	55,246,883	Daily	Same Day
Fixed Income Funds (c)	23,450,246	25,066,691	Daily	Same Day
Stable Value Fund (d)	58,270,912	61,412,375	Daily	Same Day
Total	<u>\$ 668,728,266</u>	<u>\$ 554,973,764</u>		

The fair value of the investments has been estimated using the NAV of the investment. The investments did not have any unfunded commitments at December 31, 2024 and 2023.

- (a) This category includes equity index funds that invest in U.S. common stock. The funds pursue strategies that seek to replicate the movements of an index of a specific financial market, such as the State Street S&P 500 Index, regardless of market conditions.
- (b) This category includes equity index funds that invest in common stock of foreign companies. The funds pursue strategies that seek to replicate the movements of an index of a specific financial market regardless of market conditions.
- (c) This category includes fixed income index funds that invest in a diversified portfolio of high-quality fixed income assets and bonds. The funds pursue strategies that seek to replicate the movements of an index of a specific financial market regardless of market conditions.
- (d) Stable value fund strategies seek to invest in a diversified portfolio of high-quality fixed income assets and seek to provide a stable rate of return with preservation of principal and liquidity as its primary objectives.

## HomeServices Retirement Savings Plan

### Notes to Financial Statements

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The stable value fund (the Fund) is a collective trust fund managed by Goldman Sachs Asset Management. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund's constant NAV of \$1 per unit. Distribution to the Fund's unit holders is declared daily from the net investment income and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable NAV of \$1 per unit, although there is no guarantee that the Fund will be able to maintain this value.

#### Note 5 – Interest in MEC MRT

Certain plan investments are held in the MEC MRT, which was established for the investment of assets of the Plan and other plans of the Berkshire Hathaway Energy Company affiliates. The value of the Plan's interest in the MEC MRT is based on its proportionate share of the investment accounts. The assets of the MEC MRT are held by Bank of America.

The following tables present the net assets of the MEC MRT and the Plan's interest in the MEC MRT balances as of:

	December 31, 2024	
	Master Trust Balances	Plan's Interest in Master Trust
<b>ASSETS</b>		
Investments – at fair value		
Registered investment companies	\$ 109,355,145	\$ 36,202,757
Collective trust funds	82,838,732	27,424,320
Total Investments	192,193,877	63,627,077
<b>RECEIVABLES</b>		
Interest and dividends receivable	38,800	12,845
Total Assets	192,232,677	63,639,922
<b>LIABILITIES</b>		
Other Payables	91,350	30,242
Net Assets, Master Trust	\$ 192,141,327	\$ 63,609,680

**HomeServices Retirement Savings Plan**  
**Notes to Financial Statements**

	December 31, 2023 (as restated)	
	Master Trust Balances	Plan's Interest in Master Trust
<b>ASSETS</b>		
Investments – at fair value		
Common stocks	\$ 120,808,120	\$ 47,896,004
Registered investment companies	96,248,897	38,159,170
Collective trust funds	84,619,354	33,548,481
Other	1,464,969	580,807
Total Investments	303,141,340	120,184,462
<b>RECEIVABLES</b>		
Interest and dividends receivable	127,766	50,655
Total Assets	303,269,106	120,235,117
<b>LIABILITES</b>		
Other Payables	593,619	68,517
Net Assets, Master Trust	\$ 302,675,487	\$ 120,166,600

The following are the net appreciation in the fair value of investments and investment income for the MEC MRT for the years ended December 31:

	2024	2023 (as restated)
Net appreciation in fair value of investments	\$7,919,025	\$56,379,347
Interest income	(357)	(34,858)
Dividend income	5,049,035	4,047,841
Total investment income	12,967,703	60,392,330
Less investment expenses	(230,147)	(620,891)
Net investment income	\$ 12,737,556	\$ 59,771,439

## HomeServices Retirement Savings Plan

### Notes to Financial Statements

The following tables present the MEC MRT's investments measured at fair value on a recurring basis. The investment categories and fair value amounts were derived from information certified by the Plan Trustee as discussed in Note 3.

	Fair Value Measurement at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 109,355,145	\$ -	\$ -	\$ 109,355,145
Investments measured at NAV practical expedient				82,838,732
Investments at fair value				\$ 192,193,877
	Fair Value Measurement at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 96,248,897	\$ -	\$ -	\$ 96,248,897
Common stocks	120,808,127	-	-	120,808,127
Other	1,464,962	-	-	1,464,962
Total assets in the fair value hierarchy	\$ 218,521,986	\$ -	\$ -	218,521,986
Investments measured at NAV practical expedient				84,619,354
Investments at fair value				\$ 303,141,340

The following table provides additional information for investments measured at net asset value.

Investment Type	Fair Value		Redemption Frequency	Redemption Notice Period
	2024	2023		
Collective trust funds - Domestic Stock Funds	\$ 82,838,732	\$ 84,619,354	None	None

#### Note 6 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

#### Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their Company contributions.

## **HomeServices Retirement Savings Plan**

### **Notes to Financial Statements**

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#### **Note 8 – Plan Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 10, 2012, that the Plan and related trust are designed in accordance with the applicable regulations of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **Note 9 – Party-In-Interest Transactions**

Certain Plan investments including the self-directed brokerage accounts are managed by Bank of America. Bank of America is the trustee as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment-management services are included in net appreciation (depreciation) in fair value of the investments. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### **Note 10 – Reconciliation of Financial Statements to Form 5500**

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

#### **Note 11 – Correction of an Error in 2023 Financial Statements**

In 2024, it was discovered that certain Plan assets were held in a master trust from January 1, 2014 through the date of these financials. The Plan holds a divided interest in the MEC MRT. The 2023 financial statements reported the underlying investments and associated income and distributions and did not report an interest in the MEC MRT with associated income. The Plan's interest in the master trust have been restated for the 2023 plan year in these financial statements to show the interest in the MEC MRT with associated income. The overall effect does not change the Plan's total net assets available for benefits or total change in net assets for the years ending December 31, 2023. The detail of the Plan's interest in the Master Trust information has been included in Note 5 to the financial statements.

## HomeServices Retirement Savings Plan

### Notes to Financial Statements

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The impact to the individual line items by financial statement was as follows:

	Previously Reported	Restatement Adjustment	Restated
<b>Statement of Net Assets Available for Benefits:</b>			
Investments			
Collective funds	\$ 646,292,069	\$ (91,318,305)	\$ 554,973,764
Plan interest in MidAmerican Energy Company			
Master Retirement Trust, at fair value	\$ -	\$ 120,166,600	\$ 120,166,600
Registered investment companies	\$ 61,553,596	\$ (28,848,295)	\$ 32,705,301
Total investments	\$ 717,080,908	\$ -	\$ 717,080,908
Net assets available for benefits	\$ 729,245,213	\$ -	\$ 729,245,213
<b>Statement of Changes in Net Assets Available for Benefits:</b>			
Investment income			
Net appreciation in fair value of investments	\$ 111,096,783	\$ (26,867,417)	\$ 84,229,366
Interest	\$ 1,387,001	\$ (4,403)	\$ 1,382,598
Total investment income	\$ 115,577,807	\$ (26,871,820)	\$ 88,705,987
Plan interest in MidAmerican Energy Company			
Master Retirement Trust investment income	\$ -	\$ 26,875,144	\$ 26,875,144
Total contributions	\$ 67,082,933	\$ -	\$ 67,082,933
Total additions	\$ 183,390,789	\$ 3,324	\$ 183,394,113
Benefits paid to participants	\$ 79,186,915	\$ 3,324	\$ 79,190,239
Total deductions	\$ 79,669,440	\$ 3,324	\$ 79,672,764
Change in net assets	\$ 103,721,349	\$ -	\$ 103,721,349
Net assets available for benefits - end of year	\$ 729,245,213	\$ -	\$ 729,245,213

#### **Note 12 – Delinquent Participant Contributions**

As disclosed in the accompanying supplemental schedule, certain employee deferrals were not remitted to the Plan within the timeframe required by the Department of Labor. The Company corrected the amounts during the year ended December 31, 2024.

## **Supplementary Information**

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**HomeServices Retirement Savings Plan**  
**Employer Identification Number: 41-1945806, Plan Number: 010**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Dodge & Cox Stock Fund	Registered Investment Company	**	\$ 36,086,829
	<b>Collective Trusts</b>			
	State Street S&P 500 Index CI K	Collective Trust	**	124,189,818
	JPMCB Large Cap Growth Fund	Collective Trust	**	76,725,131
	State Street Target Retirement 2030	Collective Trust	**	50,005,706
	Northern Trust Collective Ext Equity Market Index Fund Tier 4	Collective Trust	**	41,083,001
	State Street International Index Fund	Collective Trust	**	36,040,579
	State Street Target Retirement 2040	Collective Trust	**	32,671,181
	State Street Target Retirement 2035	Collective Trust	**	31,792,283
	State Street Target Retirement 2025	Collective Trust	**	27,126,326
	State Street Target Retirement 2045	Collective Trust	**	26,253,183
	State Street Small Cap Index	Collective Trust	**	24,970,650
	State Street Large Growth Index	Collective Trust	**	24,191,767
	State Street US Bond Index	Collective Trust	**	23,450,246
	State Street Target Retirement 2050	Collective Trust	**	19,316,215
	Schroder International Equity Trust Class 1	Collective Trust	**	18,154,402
	State Street Target Retirement 2055	Collective Trust	**	11,893,545
	State Street Large Value Index	Collective Trust	**	11,750,537
	State Street Target Retirement Income	Collective Trust	**	10,831,054
	State Street Target Retirement 2020	Collective Trust	**	10,817,257
	State Street Target Retirement 2060	Collective Trust	**	7,599,427
	State Street Target Retirement 2065	Collective Trust	**	1,595,046
				<u>610,457,354</u>
	<b>Stable Value Fund Collective Trust ***</b>			
	BlackRock Liquidity Fed Funds Portfolio	Registered Investment Company	**	36,885,487
	Goldman Sachs Term Fund 2027	103-12 Investment entities	**	5,302,653
	Goldman Sachs Term Fund 2026	103-12 Investment entities	**	5,360,924
	Goldman Sachs Term Fund 2025	103-12 Investment entities	**	4,953,028
	Goldman Sachs Term Fund 2024	103-12 Investment entities	**	466,167
	Goldman Sachs Term Fund 2028	103-12 Investment entities	**	5,302,653
				<u>58,270,912</u>
	Self-Directed Brokerage Funds	Brokerage Accounts	**	9,643,422
*	Participant loans	Interest rates range from 4.00% to 9.50%, maturing through March 2047	0	<u>12,784,019</u>
		<b>Total</b>		<u><u>\$ 727,242,536</u></u>

\* Indicates party-in-interest

\*\*Cost omitted for participant-directed accounts

\*\*\*These investments are included under collective trust on the Statement of Net assets. This collective trust does not file as a direct filing entity and therefore the underlying investments are reported on the Form 5500.

**HomeServices Retirement Savings Plan**  
**Employer Identification Number: 41-1945806, Plan Number: 010**  
**Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions**  
**Year Ended December 31, 2024**

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	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: <input checked="" type="checkbox"/>	\$ -	\$ 2,781	\$ -	\$ -

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**HomeServices Retirement Savings Plan**  
**Employer Identification Number: 41-1945806, Plan Number: 010**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Dodge & Cox Stock Fund	Registered Investment Company	**	\$ 36,086,829
	<b>Collective Trusts</b>			
	State Street S&P 500 Index CI K	Collective Trust	**	124,189,818
	JPMCB Large Cap Growth Fund	Collective Trust	**	76,725,131
	State Street Target Retirement 2030	Collective Trust	**	50,005,706
	Northern Trust Collective Ext Equity Market Index Fund Tier 4	Collective Trust	**	41,083,001
	State Street International Index Fund	Collective Trust	**	36,040,579
	State Street Target Retirement 2040	Collective Trust	**	32,671,181
	State Street Target Retirement 2035	Collective Trust	**	31,792,283
	State Street Target Retirement 2025	Collective Trust	**	27,126,326
	State Street Target Retirement 2045	Collective Trust	**	26,253,183
	State Street Small Cap Index	Collective Trust	**	24,970,650
	State Street Large Growth Index	Collective Trust	**	24,191,767
	State Street US Bond Index	Collective Trust	**	23,450,246
	State Street Target Retirement 2050	Collective Trust	**	19,316,215
	Schroder International Equity Trust Class 1	Collective Trust	**	18,154,402
	State Street Target Retirement 2055	Collective Trust	**	11,893,545
	State Street Large Value Index	Collective Trust	**	11,750,537
	State Street Target Retirement Income	Collective Trust	**	10,831,054
	State Street Target Retirement 2020	Collective Trust	**	10,817,257
	State Street Target Retirement 2060	Collective Trust	**	7,599,427
	State Street Target Retirement 2065	Collective Trust	**	1,595,046
				<u>610,457,354</u>
	<b>Stable Value Fund Collective Trust ***</b>			
	BlackRock Liquidity Fed Funds Portfolio	Registered Investment Company	**	36,885,487
	Goldman Sachs Term Fund 2027	103-12 Investment entities	**	5,302,653
	Goldman Sachs Term Fund 2026	103-12 Investment entities	**	5,360,924
	Goldman Sachs Term Fund 2025	103-12 Investment entities	**	4,953,028
	Goldman Sachs Term Fund 2024	103-12 Investment entities	**	466,167
	Goldman Sachs Term Fund 2028	103-12 Investment entities	**	5,302,653
				<u>58,270,912</u>
	Self-Directed Brokerage Funds	Brokerage Accounts	**	9,643,422
*	Participant loans	Interest rates range from 4.00% to 9.50%, maturing through March 2047	0	<u>12,784,019</u>
		Total		<u><u>\$ 727,242,536</u></u>

\* Indicates party-in-interest

\*\*Cost omitted for participant-directed accounts

\*\*\*These investments are included under collective trust on the Statement of Net assets. This collective trust does not file as a direct filing entity and therefore the underlying investments are reported on the Form 5500.

**HomeServices Retirement Savings Plan**  
**Employer Identification Number: 41-1945806, Plan Number: 010**  
**Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions**  
**Year Ended December 31, 2024**

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	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: <input checked="" type="checkbox"/>	\$ -	\$ 2,781	\$ -	\$ -